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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION
CIVIL ACTION NO. 1:23-cv-00595-JPH-KMB
K.C., et al.)
)
Plaintiffs,)
)
-vs-)
)
THE INDIVIDUAL MEMBERS OF THE)
MEDICAL LICENSING BOARD OF)
INDIANA, in their official)
capacities, et al.,)
)
Defendants.)

REMOTE DEPOSITION OF JANINE M. FOGEL, MD

The deposition upon oral examination of JANINE M. FOGEL, MD, a witness produced and sworn before me, Colleen Brady, Notary Public in and for the County of Monroe, State of Indiana, taken on behalf of the Defendants, with the witness located in Indiana, on the 17th day of May 2023, at 12:39 p.m., pursuant to the Federal Rules of Civil Procedure with written notice as to time and place thereof.

<p>1 APPEARANCES</p> <p>2 (All appearances via videoconference)</p> <p>3 FOR THE PLAINTIFFS:</p> <p>4 Kenneth J. Falk</p> <p>5 ACLU of Indiana</p> <p>6 1031 East Washington Street</p> <p>7 Indianapolis, IN 46202</p> <p>8 317.635.4059</p> <p>9 kfalk@aclu-in.org</p> <p>10</p> <p>11 FOR THE DEFENDANTS:</p> <p>12 Thomas M. Fisher</p> <p>13 Office of the Attorney General</p> <p>14 302 West Washington Street</p> <p>15 IGCS 5th Floor</p> <p>16 Indianapolis, IN 46204</p> <p>17 317.232.6255</p> <p>18 tom.fisher@atg.in.gov</p> <p>19 FOR THE DEPONENT:</p> <p>20 Kimberly C. Metzger</p> <p>21 MCCARTER & ENGLISH, LLP</p> <p>22 880 West Monon Green Boulevard</p> <p>23 Suite 101</p> <p>24 Carmel, IN 46032</p> <p>25 317.363.3232</p> <p>kmetzger@mccarter.com</p> <p>ALSO PRESENT:</p> <p>Zef Cota, concierge tech</p> <p>Julie Conrad, general counsel for Eskenazi</p> <p>Harper Seldin, counsel for plaintiff</p> <p>Melinda Holmes, counsel for defendant</p> <p>Gavin Rose, counsel for plaintiff</p>	<p>Page 2</p>	<p>1 INDEX OF EXHIBITS</p> <p>2 Page</p> <p>3 Deposition Exhibit No.:</p> <p>4 Exhibit 1 - Complaint 6</p> <p>5 Exhibit 2 - Senate Enrolled Act No. 480 9</p> <p>6 Exhibit 3 - Document subpoena 11</p> <p>7 Exhibit 4 - Document subpoena attachment 12</p> <p>8 Exhibit 5 - Amended deposition subpoena 15</p> <p>9 Exhibit 6 - Amended deposition subpoena 15</p> <p>10 30(b)(6) attachment</p> <p>11 Exhibit 7 - Eskenazi Health's amended 16</p> <p>12 response</p> <p>13 Exhibit 8 - Gender Health Program brochure, . . . 18</p> <p>14 Eskenazi_000001 and 2</p> <p>15 Exhibit 9 - Gender Health Program Plan of . . . 19</p> <p>16 care, Eskenazi_000087 through</p> <p>17 91</p> <p>18 Exhibit 10 - Informed consent document, 21</p> <p>19 Eskenazi_000003 through 16</p> <p>20 Exhibit 11 - WPATH Standards of Care, 24</p> <p>21 Eskenazi_000017 through 49</p> <p>22 Exhibit 12 - Endocrine Society treatment 25</p> <p>23 clinical practice guideline,</p> <p>24 Eskenazi_000052 through 86</p> <p>25 Exhibit 13 - Support Groups document, 28</p> <p>Eskenazi_000050 and 51</p>	<p>Page 4</p>
<p>1 INDEX OF EXAMINATION</p> <p>2 Page</p> <p>3 DIRECT EXAMINATION 5</p> <p>4 Questions by Thomas M. Fisher</p> <p>5 CROSS-EXAMINATION 44</p> <p>6 Questions by Kenneth J. Falk</p>	<p>Page 3</p>	<p>1 (Time noted: 12:39 p.m.)</p> <p>2 JANINE M. FOGEL, MD,</p> <p>3 having been duly sworn to tell the truth, the whole</p> <p>4 truth, and nothing but the truth relating to said</p> <p>5 matter, was examined and testified as follows:</p> <p>6</p> <p>7 DIRECT EXAMINATION,</p> <p>8 QUESTIONS BY THOMAS M. FISHER:</p> <p>9 Q Dr. Fogel, good afternoon. My name is Tom</p> <p>10 Fisher. I am a lawyer at the Attorney General's</p> <p>11 Office and I'll be taking the deposition of</p> <p>12 Eskenazi today. And as I understand it, you're</p> <p>13 the designated witness for Eskenazi today.</p> <p>14 Is that generally your understanding, what</p> <p>15 we're doing?</p> <p>16 A Yes.</p> <p>17 Q I hope not to take too long. We do have some</p> <p>18 questions to get through. We are going to start</p> <p>19 off by looking at some documents that have been</p> <p>20 produce in this case.</p> <p>21 So just make sure that we are all on the</p> <p>22 same page as to what this case is, let's mark as</p> <p>23 Exhibit 1, the complaint in this case. If I can</p> <p>24 show that on the witness?</p> <p>25 THE CONCIERGE: I'm introducing it. Please</p>	<p>Page 5</p>

ESKENAZI HEALTH GENDER HEALTH PROGRAM

ESKENAZI
HEALTH



BE HEALTHY.
BE WELL.
BE ACCEPTED.

**Exhibit
0008**

5/17/2023
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Eskenazi_000001

At Eskenazi Health, our doors are open for everyone. The Eskenazi Health Gender Health Program was created because everyone deserves quality health care.

SERVICES INCLUDE:

- Hormone therapy
- Referrals to specialties such as speech therapy, nutrition, mental health counseling and psychiatry
- Legal assistance
- Gender affirming surgery
- Care coordination and case management
- PrEP for HIV prevention
- Family planning and gynecological services
- Spiritual care

All program staff members follow the World Professional Association for Transgender Health (WPATH) Standards of Care for the Health of Transsexual, Transgender and Gender Nonconforming People. For more information, please visit **EskenaziHealth.edu** or call **317.880.6042**.



Status **Active** PolicyStat ID **12196959**



Effective 8/20/2013
Approved 8/15/2022
Revised 8/15/2022
Next Review 8/14/2025

Owner **Andrea Heid:**
LEGAL
ADMINISTRATION
MANAGER

Policy Series **Hospital Plan of**
Care

Gender Health Program

Scope of services:

- **Types of Patients:** Gender diverse
- **Age of Patients:** Adults and older adolescents
- **Goal:** To provide comprehensive medical care and mental health services to gender diverse adult patients and older adolescents.

Method used to assess:

Each patient receives an initial psychological and social assessment by our Licensed Clinical Social Worker (LCSW). The focus is on Gender Dysphoria and additional mental health concerns, such as depressive and mood disorders, including anxiety, bi-polar disorder, etc. Our psychiatric providers are available to further assess co-morbid mental disorders, and to prescribe medication if needed. After the initial assessment with the LCSW, the patient is scheduled at a later date with one of our physicians or Nurse Practitioner.

Scope and Complexity of Patient Care:

Transgender patients are very complex and carry numerous co-morbid stressors. A collaborative effort is required to ensure appropriate care plans are designed to meet the needs of each patient. Gender identity, and the dysphoria resulting from existing incongruence, requires medical and mental health professionals to work collaboratively.

Resources/Functional Relationships:

Within the Gender Health Program practice there is a medical director, family practice physicians, program coordinator, Licensed Clinical Social Workers, Psychiatric physician, speech pathologist, dietician, RN, referral coordinator and victim advocate, LPN, medical assistant, attorney.

The Program Coordinator is willing and available to serve as the liaison to billing and insurance.

companies for billing concerns, verification of benefits, and obtaining pre-certifications for patients. The Gender Health Program Coordinator also counsels patients and provides a linkage to address issues around transitioning as well as medical social work services.

Standards of Care Guidelines:

The Gender Health Program adheres to the most current standards of care from the World Professional Association for Transgender Health (WPATH) and the Diagnostic Statistical Manual (DSM).

A. Staffing

1. What system/data is used to determine appropriate staffing?

- a. Staffing levels based on
 - i. Patient need (number and complexity)
 - ii. Previous year's patient visits
 - iii. Acuity of patient care needs for teaching and management and services provided.

2. Staffing Plan:

- a. Registered Nurses—1
- b. Licensed Practical Nurses—1
- c. Medical Assistants/Healthcare Techs—1
- d. Licensed Clinical Social Worker-4
- e. Program Coordinator-1
- f. Referral Coordinator -1
- g. Speech Therapist -1

3. When the need for staffing variances arises, how is the level of staff adjusted?

- a. Staffing is planned for maximum capacity.
- b. If patient volume is decreased due to decreased provider coverage (e.g., inpatient service, vacation, conference), staff may be floated to another site or take time off using benefit time or non-paid time off.
- c. If staffing is decreased due to vacancies, vacation, or illness, additional staff may be obtained from another site or use of the float pool.

4. How do you assess the adequacy of the allocation of human resources to support patient safety?

- a. Patient, visitor, and employee incidents are tracked and reviewed regularly for patterns and trends. If any pattern or trend emerges, it is reviewed for potential causes.

B. Qualification of Staff

1. Qualification/skills level required of staff:

- a. Competencies for staff members are defined in the job descriptions and

are specific to each position.

- b. Competency check offs are done at hire and as needed
- c. Specific skills are assessed annually per the Ambulatory Care Education Plan.
- d. Educational in-services provided as needed based upon evaluation of documentation, skills and procedures, review of evidence based practice and new products or procedures.

2. How do you provide in-service/continuing education to maintain/increase competency of staff? How do you identify staff needs for education?

- a. In-services and educational programs are provided through the clinical education department, videos, and outside resources.
- b. Recurrent educational opportunities include:
 - i. E-Learning sessions
 - ii. CPR certification
 - iii. Annual education requirements
 - iv. Age-specific training
 - v. In-services and conferences

3. How do you assess the adequacy of the allocation of human resources to support patient safety?

- a. Patient, visitor, and employee incidents are tracked and reviewed regularly for patterns and trends. If any pattern or trend emerges, it is reviewed for potential causes.
- b. Patient and employee satisfaction is monitored and reviewed for perception of the staffing.

4. How does the department identify staff needs for education?

- a. Observation and audits
- b. Performance appraisals
- c. Requests from staff and providers

C. Description of communication/collaboration/functional relationships with other departments and services:

1. Describe internal and external methodology of communication.

- a. Internal (within the clinic): regular site staff meetings, memos, voice mails, e-mails, face-to-face interactions, rounding, posted information and telephone conferences.
- b. External (outside the clinic):
 - i. Communication from outside sources through other departments, directors, and leadership meetings.

- ii. Multi-disciplinary & interdepartmental meetings
- iii. The Shared Governance Ambulatory Council
- iv. Department staff, leaders, and other visitors present at staff meetings
- v. All-employee meetings, memos, e-mails, publications
- vi. Journals and periodicals

2. Describe how the department works with other departments to provide multidisciplinary care to the patient.

- a. Via referrals and consultations, some to which patients may go to Eskenazi Health and some consultants/services may be within the clinic.

D. What are the goals of the Department or Service and how is progress toward meeting these goals monitored?

- 1. To support gender diverse patients requiring health care intervention in a specialty care setting, by providing courteous professional care, with a dedication to inform and teach.
- 2. Provide a safe and welcoming healthcare environment for gender diverse patients. The welcoming environment is facilitated by the use of preferred name and pronouns when interacting with and referring to gender diverse patients.
- 3. Restrooms in the clinic area (4 total) are all gender neutral with signage inclusive of a man, woman and wheelchair to provide an inclusive, therapeutic environment.
- 4. Goals are monitored through direct observation, quality improvement, and communication.

E. Plans to improve the quality of services:

1. What are the system-wide performance improvement projects and customer satisfaction projects that this department participates in?

- a. The clinic system goals include:

- i. Access to care

- 1. Administration is continuing to monitor availability for adult patients by continuing to monitor the schedules, no show rate, and patient perception reports.
 - 2. Phone access will be monitored by the length of time callers wait and the number of patients who disconnect the call prior to talking with staff.

- ii. Quality of care

- 1. Improvement in quality measures from current baseline.

- iii. Customer Service

- 1. Patient satisfaction scores as distributed by Risk

Management

- a. Access scale > 4
- b. Office scale > 4

iv. Financial Accountability

- 1. Remaining within budget without comprising work situations, patient or staff safety, or quality of care.
- b. Individual areas within the clinics have specific goals for improving issues within that section that are monitored and shared with staff. At least one will be chosen and reported throughout the year.
- 2. **How are the results of Performance Improvement Initiatives reported to the hospital leadership, and shared with the members of the staff in your department?**
 - a. They are shared with staff via staff meetings and postings at the site.
 - b. All results are shared with Eskenazi Health leadership and at the leadership meetings, and via the internet and operations reports.
 - c. In addition, results are shared Eskenazi Health Directors Meeting with reporting to the Eskenazi Health Board.

Approval Signatures

Step Description

Approver

Date

Crissy Lough: CHIEF - QUAL
RISK REG & PATIENT SAFETY

8/15/2022

Andrea Heid: LEGAL
ADMINISTRATION MANAGER

8/11/2022

**ESKENAZI
HEALTH**

Eskenazi Health Welcomes All

Eskenazi Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, religion, national origin, age, disability, sex, veteran's status, sexual orientation, or gender identity or expression. Eskenazi Health does not exclude people or treat them differently because of race, color, religion, national origin, age, disability, sex, veteran's status, sexual orientation, or gender identity or expression.

Eskenazi Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats and other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

We offer language services that enable us to communicate in your preferred language while we care for you. If you have any questions or if you need immediate assistance communicating with us, please call Eskenazi Health Multicultural Affairs at 317.880.5000.

If you believe that Eskenazi Health has failed to provide these services or discriminated in another way on the basis of race, color, religion, national origin, age, disability, sex, veteran's status, sexual orientation, or gender identity or expression, you can file a grievance with: Eskenazi Health Office of Patient Experience, Lisa Ramirez, 720 Eskenazi Ave., Indianapolis, IN 46202, 317.880.8333, 317.880.0519 (fax), patient.experience@eskenazihealth.edu. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Eskenazi Health Office of Patient Experience staff is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**Exhibit
0010**
5/17/2023
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Eskenazi_000003

ESKENAZI HEALTH

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 317.880.5000.

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 317.880.5000.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: 317.880.5000.

Wenn du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannsch du mitaus Koschte ebber gricke,
ass dihr helff mit die englisch Schprooch. Ruf selli Nummer uff: Call 317.880.5000.

සහතිකය - සහතිකයක් සහතිකයක් ලෙස ලබාදීම: සහතිකයක් සහතිකයක් ලෙස ලබාදීම

සහතිකයක් ලෙස ලබාදීම: 317.880.5000 දို့ සේවාව

ملاحظة: إذا كنت تتحدث اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل بـ 0005.088.713 (رقم الهاتف المجاني: 0005.088.713).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
317.880.5000 번으로 전화해 주십시오.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 317.880.5000.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.
Appelez le 317.880.5000.

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。317.880.5000
まで、お電話にてご連絡ください。

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 317.880.5000.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wikang naging walaing bayad.
Tumawag sa 317.880.5000.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 317.880.5000.

विभागत विधि: से कुनी पीसपी बेसचे से, अं क्रास विच मराएडा मेद उराडे लई मुख छुपलसय है। 317.880.5000 से कसबसे।

समय है: अति आच निंदी नोकरे है तो आपके लिए मुफ्त में भाषा सहायता सेवारे उपलब्ध हैं। 317.880.5000 पर कॉल करें।

ESKENAZI HEALTH CENTER OF
EXCELLENCE IN WOMEN'S HEALTHESKENAZI HEALTH
Indianapolis, Indiana

Rev. 3/16

INFORMED CONSENT FOR FEMINIZING HORMONE THERAPY - PAGE 1 OF 3

The use of hormone therapy for gender transition/affirmation is based on many years of experience treating trans persons. Research on hormone therapy is providing us with more and more information on the safety and efficacy of hormone therapy, but all of the long-term consequences and effects of hormone therapy may not be fully understood.

This informed consent asks you to consider the expected benefits of hormone therapy and the possible side effects of hormone therapy, so that you can decide, with your medical provider, if hormone therapy is right for you. By signing this form, you are stating that you have discussed the risks and benefits with your medical provider or a member of the medical team and that you understand how these benefits and risks apply to you personally.

Androgen (testosterone) blockers are used to decrease the amount and/or block the effect of testosterone on and reduce the male features of the body.

Estrogen (usually estradiol) is used to feminize the body; estrogens can also decrease the amount and effect of testosterone. Your medical provider will determine the form of estrogen (pills, patches, gels or shots) and the dose that is best for you based on your personal needs and wishes, as well as considering any medical or mental health conditions you might have.

Each individual person responds to hormone therapy differently, and it is difficult to predict how each person will respond. You agree to take the androgen blockers and/or the estrogen only as prescribed and to discuss your treatment with your medical provider before making any changes.

The Expected Effects of Feminizing Hormone Therapy

The feminine changes in the body may take several months to become noticeable and usually take up to 3 to 5 years to be complete.

Changes that will be PERMANENT; they will not go away, even if you decide to stop hormone therapy:

- Breast growth and development. Breast size varies in all women; breasts can also look smaller if you have a broader chest.
- The testicles will get smaller and softer.
- The testicles will produce less sperm, and you will become infertile (unable to get someone pregnant); how long this takes to happen and become permanent varies greatly from person to person.

Changes that are NOT PERMANENT and will likely reverse if hormone therapy is stopped:

- Loss of muscle mass and decreased strength, particularly in the upper body.
- Weight gain. If you gain weight, this fat will tend to go to the buttocks, hips and thighs, rather than the abdomen and mid-section, making the body look more feminine.
- Skin will become softer and acne may decrease.
- Facial and body hair will get softer and lighter and grow more slowly; usually this effect is not sufficient and most women will choose to have other treatments (electrolysis or laser therapy) to remove unwanted hair.
- Male pattern baldness of the scalp may slow down or stop, but hair will generally not regrow.
- Reduced sex drive.
- Decreased strength of erections or inability to get an erection. The ejaculate will become thinner and watery and there will be less of it.
- Changes in mood or thinking may occur; you may find that you have increased emotional reactions to things. Some persons find that their mental health improves after starting hormone therapy. The effects of hormones on the brain are not fully understood.

Hormone therapy will not change the bone structure of the face or body; your Adam's apple will not shrink; the pitch of your voice will not automatically change. If necessary, other treatments are available to help with these things.

_____ I have questions about the possible effects of hormone therapy.

_____ My medical provider or a member of the medical team has answered my questions about the effects of hormone therapy.



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Consent
Form# EH2562

Eskenazi_000005

ESKENAZI HEALTH CENTER OF
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Indianapolis, Indiana

Rev. 3/16

INFORMED CONSENT FOR FEMINIZING HORMONE THERAPY - PAGE 2 OF 3

The Risks and Possible Side Effects of Estrogen Therapy

- Loss of fertility (unable to get someone pregnant). Even after stopping hormone therapy, the ability to make healthy sperm may not come back. How long this takes to become permanent is difficult to predict. Some persons choose to bank some of their sperm before starting hormone therapy.
- Because the effect on sperm production is hard to predict, if you have penetrative sex with a natal female partner, you or your partner should still use birth control (e.g. condoms).
- Increased risk of developing blood clots; blood clots in the legs or arms (DVT) can cause pain and swelling; blood clots to the lungs (pulmonary embolus) can interfere with breathing and getting oxygen to the body; blood clots in the arteries of the heart can cause heart attacks; blood clots in the arteries of the brain can cause a stroke. Blood clots to the lungs, heart or brain could result in death.
- Possible increased risk of having cardiovascular disease, a heart attack or stroke. This risk may be higher if you smoke cigarettes, are over 45, or if you have high blood pressure, high cholesterol, diabetes, or family history of cardiovascular disease.
- Possible increase in blood pressure; this might require medication for treatment.
- Possible increased risk of developing diabetes.
- Nausea and vomiting (like morning sickness in a pregnant woman), especially when starting estrogen therapy.
- Increased risk of gallbladder disease and gallstones.
- Changes in blood tests for the liver; estrogen may possibly contribute to damage of the liver from other causes.
- May cause or worsen headaches and migraines.
- May cause elevated levels of prolactin (a hormone made by the pituitary gland); a few persons on estrogen for hormone therapy have developed prolactinomas, a benign tumor of the pituitary gland that can cause headaches and problems with vision and cause other hormone problems.
- May worsen depression or cause mood swings.
- May increase the risk of breast cancer. The risk is probably higher than in natal men but lower than in natal women; the risk probably is related to how long you take estrogen therapy.

The Risks and Possible Side Effects of Androgen Blockers (Spironolactone)

- Increased urine production and needing to urinate more frequently; possible changes in kidney function.
- A drop in blood pressure and feeling lightheaded.
- Increased thirst.
- Increase in the potassium in the blood and in your body; this can lead to muscle weakness, nerve problems and dangerous heart arrhythmias (irregular heart rhythm).

_____ I have questions about the risks of hormone therapy.

_____ My medical provider or a member of the medical team has answered my questions about the risks of hormone therapy.

_____ I would like to discuss ways to help me quit smoking.

You understand that

- Smoking may greatly increase the risks of taking hormone therapy, especially the risk of blood clots and cardiovascular disease. If you smoke, you should try to cut back or quit. If you have other risks for blood clots or cardiovascular disease, your provider may ask you to quit smoking before you start on hormone therapy.
- Taking estrogen in doses that are higher than recommended by your doctor will increase your risk of side effects and may not produce better feminizing effects.
- You will need to stop taking hormones for a few weeks before and after any surgery.



1016D2 OF 3

Consent
Form# EH2562

Eskenazi_000006

ESKENAZI HEALTH CENTER OF
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Indianapolis, Indiana

Rev. 3/16

INFORMED CONSENT FOR FEMINIZING HORMONE THERAPY - PAGE 3 OF 3

- Treatment with estrogen is expected to be lifelong; suddenly stopping estrogen treatment after you have been on it for a long time may have negative health effects.
- You may choose to stop taking hormone therapy at any time or for any reason. You are encouraged to discuss this decision with your medical provider.
- Your provider may decrease the dose of estrogen or androgen blockers or stop prescribing hormone therapy because of medical reasons and/or safety concerns; you can expect that the medical provider will discuss the reasons for all treatment decisions with you.
- Hormone therapy is not the only way that a person may appear more feminine and live as a female; your medical provider and/or a mental health provider can help you think about these other options.

You agree to

- Take androgen blockers and/or estrogens only at the dosage and in the form that your medical provider prescribes.
- Inform your medical provider if you are taking or start taking any other prescription drugs, dietary supplement, herbal or homeopathic drugs, or street drugs or alcohol so that you can discuss possible interactions with and effects on your hormone treatment.
- Inform your medical provider of any new physical symptoms or any medical conditions that may develop before or while you are taking hormone therapy and discuss the evaluation of these conditions. Inform your provider if you think you are having bad side effects from the medications.
- Keep regular follow up appointments; this may include appointments for mammograms and prostate exams.
- Have regular monitoring blood testing done; your provider will discuss with you what tests are necessary in order to monitor for potential harmful effects and to ensure that your hormone therapy is safe and effective.

_____ I have questions about my rights and responsibilities with taking hormone therapy.

_____ My medical provider has discussed my questions and concerns with me.

By signing this form you acknowledge that you have adequate information and knowledge to be able to make a decision about hormone therapy and that you understand the information your medical provider has given you. Based on this information;

_____ I choose to begin estrogen only.

_____ I choose to begin taking androgen blockers only.

_____ I choose to begin both estrogen and androgen blockers.

_____ I do not want to begin hormone therapy.

Patient's name on health insurance

Patient's preferred name, if different

Patient signature

Date

Provider name

Provider signature

Date



1016D3 OF 3

Consent
Form# EH2562

Eskenazi_000007

A5-6. Onset and Timing Effects of Hormone Therapy

Masculinizing Effects of Testosterone		
Effect	Onset (months)	Maximum (years)
Skin oiliness/acne	1-6	1-2
Fat redistribution	1-6	2-5
Cessation of Menses	2-6	
Clitoral Enlargement	3-6	1-2
Vaginal atrophy	3-6	1-2
Emotional changes		
Increased sex drives		
Deepening of voice	3-12	1-2
Facial/Body Hair Growth	6-12	4-5
Scalp Hair Loss	6-12	
Increased Muscle Mass & Strength	6-12	2-5
Coarser Skin/Increased Sweating		
Weight Gain/Fluid Retention		
Mild Breast Atrophy		
Weakening of Tendons		

* Masculinizing effects are shown in their general order of appearance.

** Permanent effects are indicated in red.

Feminizing Effects of Estrogens & Anti-androgens		
Effect	Onset (months)	Maximum (years)
Decreased Libido	1-3	3-6
Decreased Spontaneous Erections		
Breast Growth	3-6	24-36
Decreased Testicular Volume	3-6	24-36
Decreased Sperm Production	Unknown	Unknown
Redistribution of Body Fat	3-6	24-36
Decrease in Muscle Mass	3-6	12-24
Softening of Skin	3-6	Unknown
Decreased Terminal Hair	6-12	> 36

NOTE: Possible slowing or cessation of scalp hair loss, but no regrowth. No change in voice.

* Feminizing effects are shown in their general order of appearance.

** Permanent effects are indicated in red.

The Standards of Care
v.11 VERSION

TABLE 2: RISKS ASSOCIATED WITH HORMONE THERAPY. BOLDED ITEMS ARE CLINICALLY SIGNIFICANT

Risk Level	Feminizing hormones	Masculinizing hormones
Likely increased risk	Venous thromboembolic disease^A	Polycythemia
	Gallstones	Weight gain
	Elevated liver enzymes	Acne
	Weight gain	Androgenic alopecia (balding)
	Hypertriglyceridemia	Sleep apnea
Likely increased risk with presence of additional risk factors ^B	Cardiovascular disease	
Possible increased risk	Hypertension	Elevated liver enzymes
	Hyperprolactinemia or prolactinoma ^A	Hyperlipidemia
Possible increased risk with presence of additional risk factors ^B	Type 2 diabetes ^A	Destabilization of certain psychiatric disorders ^C
		Cardiovascular disease
		Hypertension
		Type 2 diabetes
No increased risk or inconclusive	Breast cancer	Loss of bone density
		Breast cancer
		Cervical cancer
		Ovarian cancer
		Uterine cancer

^A Risk is greater with oral estrogen administration than with transdermal estrogen administration.

^B Additional risk factors include age.

^C Includes bipolar, schizoaffective, and other disorders that may include manic or psychotic symptoms. This adverse event appears to be associated with higher doses or supraphysiologic blood levels of testosterone.

ESKENAZI HEALTH CENTER OF
EXCELLENCE IN WOMEN'S HEALTHESKENAZI HEALTH
Indianapolis, Indiana

Rev. 2/16 INFORMED CONSENT FOR MASCULINIZING HORMONE THERAPY - PAGE 1 OF 3

The use of hormone therapy for gender transition/affirmation is based on many years of experience treating trans persons. Research on hormone therapy is providing us with more and more information on the safety and efficacy of hormone therapy, but all of the long-term consequences and effects of hormone therapy may not be fully understood.

This informed consent asks you to consider the expected benefits of hormone therapy and the possible side effects of hormone therapy, so that you can decide, with your medical provider, if hormone therapy is right for you. By signing this form, you are stating that you have discussed the risks and benefits with your medical provider or a member of the medical team and that you understand and accept how these apply to you personally.

Testosterone is used to masculinize the body, to reduce the female features and increase the masculine features. Your medical provider will determine the form of testosterone (shots, gels or creams, patches, implanted pellets) and the dose that is best for you based on your personal needs and wishes, as well as any medical or mental health conditions you might have. Each individual person responds to testosterone differently, and it is difficult to predict how each person will respond. You agree to take the testosterone only as prescribed and to discuss your treatment with your doctor before making any changes.

The Expected Effects of Masculinizing Hormone Therapy

The masculine changes in the body may take several months to become noticeable and usually take up to 3 to 5 years to be complete.

Changes that will be PERMANENT; they will not go away, even if you decide to stop testosterone therapy:

- The pitch of your voice becomes deeper
- Increased growth thickening and darkening of hair on the body.
- Growth of facial hair.
- Possible hair loss at the temples and crown of the head (male pattern baldness) with possible complete baldness.
- * Increase in the size of the clitoris/phallus.

Changes that are NOT PERMANENT and will likely reverse if testosterone therapy is stopped:

- Menstrual periods will stop, usually within a few months of starting testosterone.
- Possible weight gain. If you gain weight, this fat will tend to go to the abdomen and mid-section, rather than the buttocks, hips and thighs, making the body look more masculine.
- Increased muscle mass and upper body strength.
- Possible feeling of more physical energy.
- Skin changes, including acne that may be severe.
- Increased sex drive.
- Changes in mood or thinking may occur; you may find that you have a decreased emotional reaction to things and possible increased feelings of anger or aggression. Some persons find that their mental health improves after starting hormone therapy. The effects of hormones on the brain are not fully understood.

_____ I have questions about the possible effects of testosterone.

_____ My medical provider or a member of the medical team has answered my questions about the effects of testosterone.



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Consent
Form# EH2563

Eskenazi_000010

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Rev. 2/16

INFORMED CONSENT FOR MASCULINIZING HORMONE THERAPY - PAGE 2 OF 3

The Risks and Possible Side Effects of Testosterone Therapy

- Possible loss of fertility; you may not be able to get pregnant after being on testosterone therapy for some time; how long this might take to be a permanent effect is unknown. Some persons choose to harvest and bank eggs before starting on testosterone therapy.
- Testosterone is not reliable birth control, however. Even if your periods stop, you could get pregnant; if you are having penetrative sex with a natal male partner, you should discuss using some form of birth control with your medical provider.
- If you do get pregnant while taking testosterone, the high levels of testosterone in your system may cause harm and even death to the developing fetus.
- Other effects of testosterone on the ovaries and on developing eggs are not fully known.
- Some trans men, after being on testosterone for a number of months, may develop pelvic pain; often this will go away after some time, but it may persist; the cause of this is not known.
- The lining of the cervix and walls of the vagina may become more dry and fragile; this may cause irritation and discomfort; it also may make you more susceptible to sexually transmitted infections and HIV if you have unprotected penetrative sex.
- The effects on the risk of breast, uterine and ovarian cancer is not known.
- Possible changes in cholesterol, higher blood pressure and other changes to the body that might lead to an increased risk of cardiovascular disease (heart attacks, strokes and blockages in the arteries).
- Possible changes in the body that might increase the risk of developing diabetes.
- Increased appetite and increased weight gain from both muscle and fat.
- Increased risk of apnea (breathing problems while you are sleeping).
- Possible abnormalities in blood tests for the liver; possible worsening of damage to the liver from other causes.
- An increase in the hemoglobin and hematocrit (the number of red blood cells); if this increases to levels higher than is normal in males, it may cause problems with circulation, such as blood clots, strokes and heart attacks.
- Increased sweating.
- Weakening of tendons and increased risk of injury.
- Possible worsening or triggering of headaches and migraines.
- Possible increase in frustration, irritability or anger; possible increased aggression and worsened impulse control.
- Possible worsening of bipolar disorder, schizophrenia and psychotic disorders or other unstable moods.

_____ I have questions about the risks of testosterone treatment.

_____ My medical provider or a member of the medical team has answered my questions about the risks of testosterone.

_____ I would like to discuss ways to help me quit smoking.

You understand

- Smoking cigarettes may increase some of the risks of taking testosterone therapy.
- Taking testosterone in doses that are higher than recommended will increase the risks of testosterone treatment; higher doses will not necessarily work better to masculinize the body; in fact, abnormally high amounts of testosterone can be converted to estrogen that may interfere with masculinization.
- Testosterone treatment is expected to be lifelong; suddenly stopping testosterone after a long time on the medication may have negative health effects.
- You may choose to stop hormone therapy at any time and for any reason. You are encouraged to discuss this decision with your medical provider.



1016D2 OF 3

Consent
Form# EH2563

Eskenazi_000011

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Indianapolis, Indiana

Rev. 2/16

INFORMED CONSENT FOR MASCULINIZING HORMONE THERAPY - PAGE 3 OF 3

- Your provider may decrease the dose of testosterone or stop prescribing testosterone because of medical reasons and/or safety concerns; you can expect, that the medical provider will discuss the reasons for all treatment decisions with you.
- Hormone therapy is not the only way that a person may appear more masculine and live as a male; your medical provider and/or a mental health provider can help you think about these other options.

You agree to

- Take testosterone only at the dosage and in the form that your medical provider prescribes.
- Inform your medical provider if you are taking or start taking any other prescription drugs, dietary supplements, herbal or homeopathic drugs, or street/recreational drugs or alcohol so that you can discuss possible interactions with and effects on your hormone treatment.
- Inform your medical provider of any new physical symptoms or any medical conditions that may develop before or while you are taking testosterone and discuss the evaluation of these conditions; inform your provider if you think you are having bad side effects from the testosterone.
- Keep regular follow up appointments; this may include appointments for Pap smears, pelvic exams and mammograms.
- Have regular monitoring blood testing done; your provider will discuss with you what tests are necessary in order to monitor for potential harmful effects and to ensure that your testosterone treatment is safe and effective.

_____ I have questions about my rights and responsibilities with taking hormone therapy.

_____ My medical provider has discussed my questions and concerns with me.

By signing this form you acknowledge that you have adequate information and knowledge to be able to make a decision about hormone therapy and that you understand the information your medical provider has given you. Based on this information;

_____ I choose to begin testosterone therapy.

_____ I do not want to begin testosterone therapy.

Patient's name on health insurance

Patient's preferred name, if different

Patient signature

Date

Provider name

Provider signature

Date



1016D3 OF 3

Consent
Form# EH2563

Eskenazi_000012

A5-6. Onset and Timing Effects of Hormone Therapy

Masculinizing Effects of Testosterone		
Effect	Onset (months)	Maximum (years)
Skin oiliness/acne	1-6	1-2
Fat redistribution	1-6	2-5
Cessation of Menses	2-6	
Clitoral Enlargement	3-6	1-2
Vaginal atrophy	3-6	1-2
Emotional changes		
Increased sex drives		
Deepening of voice	3-12	1-2
Facial/Body Hair Growth	6-12	4-5
Scalp Hair Loss	6-12	
Increased Muscle Mass & Strength	6-12	2-5
Coarser Skin/Increased Sweating		
Weight Gain/Fluid Retention		
Mild Breast Atrophy		
Weakening of Tendons		

* Masculinizing effects are shown in their general order of appearance.

** Permanent effects are indicated in red.

Feminizing Effects of Estrogens & Anti-androgens		
Effect	Onset (months)	Maximum (years)
Decreased Libido	1-3	3-6
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Breast Growth	3-6	24-36
Decreased Testicular Volume	3-6	24-36
Decreased Sperm Production	Unknown	Unknown
Redistribution of Body Fat	3-6	24-36
Decrease in Muscle Mass	3-6	12-24
Softening of Skin	3-6	Unknown
Decreased Terminal Hair	6-12	> 36

NOTE: Possible slowing or cessation of scalp hair loss, but no regrowth. No change in voice.

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The Standards of Care
v11.1 VERSION

TABLE 2: RISKS ASSOCIATED WITH HORMONE THERAPY. BOLDED ITEMS ARE CLINICALLY SIGNIFICANT

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	Gallstones	Weight gain
	Elevated liver enzymes	Acne
	Weight gain	Androgenic alopecia (balding)
	Hypertriglyceridemia	Sleep apnea
Likely increased risk with presence of additional risk factors ^B	Cardiovascular disease	
Possible increased risk	Hypertension	Elevated liver enzymes
	Hyperprolactinemia or prolactinoma ^A	Hyperlipidemia
Possible increased risk with presence of additional risk factors ^B	Type 2 diabetes ^A	Destabilization of certain psychiatric disorders ^C
		Cardiovascular disease
		Hypertension
		Type 2 diabetes
No increased risk or inconclusive	Breast cancer	Loss of bone density
		Breast cancer
		Cervical cancer
		Ovarian cancer
		Uterine cancer

^A Risk is greater with oral estrogen administration than with transdermal estrogen administration.

^B Additional risk factors include age.

^C Includes bipolar, schizoaffective, and other disorders that may include manic or psychotic symptoms. This adverse event appears to be associated with higher doses or supraphysiologic blood levels of testosterone.

**ESKENAZI
HEALTH**

What You Need to Know About Filling Prescriptions and Prior Authorizations for Medication

How does my prescription get to the pharmacy? Which pharmacy will it go to?

You can choose to fill your prescription at any pharmacy that accepts your health insurance. Take your paper prescription to the pharmacy, or your provider can send it electronically. Always tell your provider's office which pharmacy you use. It is very important to tell your provider if you change to a different pharmacy.

Please note, some prescription medications are not allowed to be sent electronically. Ask your provider for details about your prescriptions.

What name will be on my prescription?

Your prescription has to be written using the name on your health insurance card. If you do not have health insurance, your prescription has to match the name on your ID.

When you change your legal name, call your health insurance company to report your name change. Eskenazi Health cannot change the legal name on your medical chart until we have a copy of your new health insurance card or ID.

Do I have to show my ID to pick up a prescription?

If you are picking up a medication that is a controlled substance, you will be asked to show your ID. A controlled substance is a drug that has laws regulating its use and distribution. Testosterone is a controlled substance and will always require you or someone with you to show an ID.

The pharmacy says my insurance won't cover my prescription. What should I do?

Ask the pharmacist for the reason your medicine is not covered. If the medication needs a prior authorization, please see the question below. If the medication is not covered for another reason, please call your provider or send a message to your provider through MyChart to discuss the reason and available options.

My prescription needs a prior authorization. What does that mean, and how do I get one?

Your pharmacy will try to fill your prescription using your health insurance. Sometimes prescriptions are denied because they need prior authorization. Prior authorization is a process used by health insurance companies to decide if they will cover a medication. It is an extra step to help improve patient safety and reduce cost.

**ESKENAZI
HEALTH**

Your pharmacy should tell your provider, either electronically or by fax, that your medication needs a prior authorization. Sometimes the provider does not get the message. You can send your provider a message through MyChart, or call the Eskenazi Health Gender Health Program office at 317.880.6042, choose your language preference and then select No. 3 to let us know your medication needs a prior authorization. You can also ask your pharmacy to fax a notice to your provider at 317.880.0445.

We will contact your insurance company. If the insurance company approves the prior authorization, your pharmacy can fill your prescription right away. Your pharmacy will notify you when it is ready to pick up.

How long will it take to get prior authorization?

Every insurance company is different. Most make a decision in a few days, but some can take up to two weeks. To check on the status of your prior authorization, call your pharmacy to see if your prescription will go through. You can also send a message to your provider through MyChart, or call the office at 317.880.6042, choose your language preference and then select No. 3.

What if my prior authorization gets denied?

Sometimes insurance companies deny prior authorizations. If that happens, you and your provider will get a letter explaining why it was denied. If you get a denial, please contact your provider to talk about what to do next.

I want to use a different pharmacy. How do I change?

Call your new pharmacy and ask them for help transferring your prescription. Have the phone number of your old pharmacy available. Your new pharmacy will tell you when your next refill is ready to pick up.

Please note, medications that are controlled substances can only be transferred once. If you need to change pharmacies more than once and you have a prescription for a controlled substance (including testosterone), send a message to your provider through MyChart, or call the office at 317.880.6042, choose your language preference and then select No. 3.

What if I can't afford to pay for my prescription?

Prescriptions can be expensive even with health insurance. If your prescription costs more than you can afford, send a message to your provider through MyChart, or call the office at 317.880.6042, choose your language preference and then select No. 3. There may be other ways to lower the cost.

How do I get a refill of my prescription?

The first time you fill your prescription, the medicine label will tell you how many more times you can refill it before you need a new prescription from your provider. If you have refills left, please call your pharmacy and ask them to refill your prescription. If you do not have any refills left, your provider will need to send a new prescription to your pharmacy. Please let your provider know you need a new prescription by sending a message through MyChart or calling the Eskenazi Health Gender Health Program office at 317.880.6042, choose your language and then select No. 3.

Eskenazi Health Gender Health Program Phone Number317.880.6042

Eskenazi Health Gender Health Program Fax Number.....317.880.0445

Support Groups

The support of other people who have shared experiences can be immensely helpful, especially during the many changes that come with transitioning. Here are some support groups around Indiana for gender diverse people to come and talk about the challenges we face and the joys we experience, share resources and information, and find community.

GenderNexus

3733 N. Meridian St., Ste. 310

Indianapolis, IN 46208

317-650-5988

<https://gendernexus.org/calendar/>

See website calendar for group dates & times

TransIndy

Visit website to request to join closed Facebook group for meeting information

<https://transindy.org>

Indiana Youth Group (ages 12-24)

3733 N. Meridian St.

Indianapolis, IN 46208

317-541-8726

www.indianayouthgroup.org

See website calendar for all group dates & times

Trans Solutions Research and Resource Center

104 E. 38th St.

Indianapolis, IN 46205

317-602-4431

<https://transsolutionsrrc.org>

BU Wellness Network

1712 N. Meridian St., Ste. 200

Indianapolis, IN 46202

317-931-0292

<https://buwellness.org>

See Services -> Support for current groups

Damien Center

26 North Arsenal Ave.

Indianapolis, IN 46201

317-632-0123

<https://damien.org>

See Events calendar for group dates & times

Muncie OUTreach

www.muncieoutreach.org

See Events calendar for group dates & times

Exhibit

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5/17/2023

FOGEL

Trans Lafayette

Pride Lafayette Community Center
640 Main St.
Lafayette, IN 47901
765-423-7579
www.facebook.com/translafayette

Mosaic Health & Healing Arts

330 Lakeview Dr.
Goshen, IN 46528
574-537-2680
<https://mosaichha.org/calendar/>
See calendar for group dates & times and info for how to reserve a spot

Pride Center of Terre Haute

630 Wabash Ave.
Terre Haute, IN 47807
812-244-1329
www.pridecenterterrehaute.org
See Services for groups and contact info

Tri-State Alliance

501 John St., Ste. 5
Evansville, IN 47713
812-480-0204
www.facebook.com/tristatealliance

Virtual Grief Support Group – LGBTQIA Community Members Grieving Loved Ones

Peer-led group supported by <https://mygriefangels.org>
Register in advance at Eventbrite

Dis-Queer: A Disability LGBTQIA+ Support Group

accessABILITY Indiana at www.abilityindiana.org
Register in advance at Eventbrite